



NEO Packet



Identification Documents (all that apply)

- ID Card(s)
- Passport(s)
- Birth Certificates
- Marriage Certificate

Personal & Financial Documents:

- Shot Records
- Power of Attorney (family care plan / spousal needs (as appropriate))
- Last Will and Testament
- Checkbook / Bank books
- Credit Cards
- Vehicle Registration / Title
- Insurance Policies (car, life, health, etc.)

Required USFK NEO Forms

- DA Form 4986 (EA Form 741-E) Personal Property Record (2 ea) (1 w/ HHG inventory)
- DD Form 1864 Vehicle Key Tag (1 per POV)
- Emergency Payment Authorization Form (2 ea - Only for Non-Command Sponsored Families)
 - DD Form 1337 Authorization/Designation for Emergency Pay and Allowances Instructions
 - or
 - DD Form 2461 Authorization for Emergency Evacuation Advance and Allotment Payments for DoD Civilian Employees
- DD Form 2585 Repatriation Processing Form (1 ea)
- USFK Pam 600-300 (1 ea)
- USFK Form 197-R-E Noncombatant Preparedness Checklist (2 ea - 1 stays with warden)
- USFK Form 178-R-E Noncombatant Data Card (2 ea - 1 stays with warden)
- USFK Form 123-R-E Noncombatant Volunteer Form (2 ea - 1 stays with warden)
- Commander's Noncombatant Evacuee Contact Letter (1 ea)
- NEO Warden's Noncombatant Evacuee Contact Letter (1 ea)

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Financial References

- Insurance Policies
- Bank books
- Check books
- Credit cards
- Stocks / Bonds / Brokerage accounts
- Income Tax Records



Monthly Bank Statement

24 HOUR TELEPHONE TRANSFER LINE: 1-800-867-6276
CUSTOMER SERVICE NUMBER: 800-1334-837-286

DEPOSIT ACCOUNTS:
REGULAR CHECKING
REGULAR SAVINGS
AUTOMATED
SOL: 000

THIS STATEMENT SHOWS ALL ACCOUNT TRANSACTIONS FROM SEP 14 1977 - THRU OCT 12 1977

DEPOSITS		CHECKS AND DEDUCTIONS				DAILY BALANCES	
DATE	AMOUNT	NO	DATE	AMOUNT	DATE	AMOUNT	
9/19	100.00	4882	9/19	22.00	9/19	2022.40	
					9/19	2022.40	
9/28	200.00	4885	9/19	28.05	9/28	2080.45	
		4886	9/28	10.00	9/28	2080.45	
		4888	10/02	40.00	10/02	2022.45	

***** INDICATES ONE OR MORE MISSING CHECKS *****

BEGINNING BALANCE		DEPOSITS & CREDITS		CHECKS & DEBITS		ENDING BALANCE	
NO	AMOUNT	NO	AMOUNT	NO	AMOUNT	NO	AMOUNT
0	2044.40	0	300.00	4	111.00	0	2033.40

ENCLOSURES: 0

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Hard to Replace Items

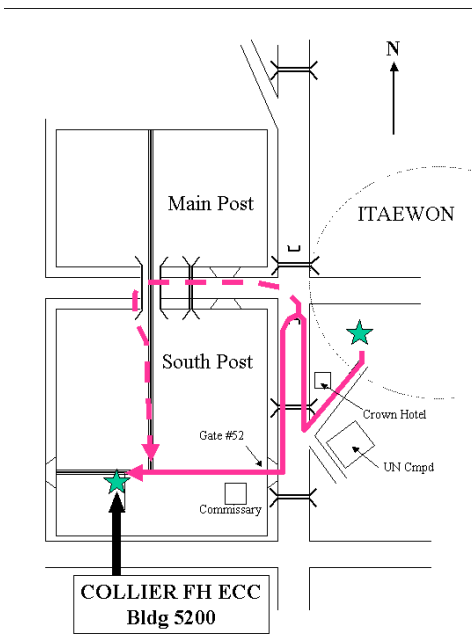


- Pet Vaccination Records
- Copy of Medical Records (for EFMP)
- All Bills of Lading coming to Korea
- Videotape of Household goods / POV
- Social Security Cards
- Precious photos / negatives / disks
- Wills / Letters of Intent
- Divorce decrees / custody orders



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For use in making Strip Maps an Atlas of Korea (English version) is available for Area II personnel at the NEO Warden's desk located at Headquarters, Camp Market Building 1650, second floor, room 207 in the Payroll/Personnel Office.



STRIP MAP FROM NC RESIDENCE TO ECC

- PURPOSE.** This form will be completed by the NEO warden on each NC family assigned. In the event of a NEO exercise or contingency, this form aids the NC in their travel to the ECC. One copy of the completed form should be maintained in the NC's NEO packet, and an extra copy in the NEO warden's battle book (to hand out in case of a contingency/exercise).
- INSTRUCTIONS.**
Strip map should be detailed enough to facilitate rapid and easy navigation from the NC's house to the nearest ECC. Key landmarks, subway stop numbers, building numbers, street names, etc. as well as a north-seeking arrow should be included.
There may be a need to have the instructions translated into a language other than English.





NONCOMBATANT EVACUATION OPERATIONS (NEO) DATA CARD									
USFK FORM 178-R-E (1)									
SPONSOR NAME (Last, First, MI)		SEX	GRADE	SSN					
DUTY TELEPHONE NUMBER		HOME TELEPHONE NUMBER							
UNIT		APO AD							
NONCOMBATANT NAMES (Last, First, MI)	SEX	SSN	DATE OF BIRTH (DD Month YY)	CITIZENSHIP (See Legend)	RELATIONSHIP (See Legend)	PASSPORT NUMBER			
NONCOMBATANT LOCAL ADDRESS									
EMERGENCY CONTACT/DESTINATION (address and telephone number)									
NAME, ADDRESS & TELEPHONE NUMBER OF PERSON WITH POWER OF ATTORNEY (Only sole parent EEC or dual military EEC)									
NAME, ADDRESS & TELEPHONE NUMBER OF SCHOOL ATTENDED BY CHILDREN (if applicable)									
AUTOMOBILE (If applicable)		MAKE	MODEL	YEAR	LICENSE NUMBER				
PETS (If applicable)		TYPE OF PET	WEIGHT OF PET (in pounds)	CITIZENSHIP	RELATIONSHIP				
				U = U.S. R = ROK T = OTHER EEC = Emergency Essential Citizen	S = SON D = DAUGHTER H = HUSBAND W = WIFE F = FATHER-IN-LAW M = MOTHER-IN-LAW A = OTHER MALE B = OTHER FEMALE				
MEDICAL NEEDS									
REMARKS:									
SPONSOR'S SIGNATURE		DATE (DD Month YY)							
<p>PRIVACY ACT STATEMENT</p> <p>1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 13526.</p> <p>2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.</p> <p>3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.</p> <p>4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.</p>									

USFK FORM 178-R-E NEO DATA CARD

PURPOSE. One USFK Form 178-R-E will be completed by the NEO warden on each NC family assigned. This form aids the NEO warden in his/her monthly reporting requirements and serves as a source of contact information. The completed form should be maintained in the NEO wardens battle book.

INSTRUCTIONS.

Self-explanatory.

The information on this form is FOUO and should be verified during quarterly inspections.



REPATRIATION PROCESSING CENTER PROCESSING SHEET		REPORT CONTROL SYMBOL	Form Approved OMB No. 3204-0034 Expires Feb 28, 1995
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: EO 12812, EO 13526.</p> <p>PRINCIPAL PURPOSE: To document the movement of an evacuee from a foreign country to an announced safehaven. Information will be used as needed to assist the evacuee in the process of repatriation.</p> <p>ROUTINE USES: To family members of individuals who have been evacuated and about whom information is requested by a family member and/or spouse. Location and final destination will be released to the Department of State for evacuation management and planning purposes; to the American Red Cross for administration of evacuation information about evacuees; to service members still in foreign country; to the Immigration and Naturalization Service for tracking of foreign nationals evacuated to the U.S.; to the Department of Health and Human Services for medical history of evacuees; to the Department of Defense for evacuation planning and to release costs of financial services and to identify individuals who might arrive with an (un)expected baggage; to state and local health departments, to further implement the quarantine of an individual.</p> <p>DISCLOSURE: Voluntary. However, failure to furnish the information may limit your receipt of services and impede passage of information about your current whereabouts to family members.</p>			
<p>INSTRUCTIONS FOR COMPLETION OF DD FORM 2585, REPATRIATION PROCESSING CENTER PROCESSING SHEET (Revised before completing this form.)</p> <p>GENERAL INSTRUCTIONS</p> <p>1. The following instructions are provided for completing the Repatriation Processing Center Processing Sheet. Collection of this information is authorized by 42 U.S.C. §13113, the Department of Defense Directive 3025.14, and Executive Order 13526. Providing the information requested on this form, including Social Security Number, is voluntary. However, failure to complete the form may hinder your receipt of needed services and impede passage of information about your current whereabouts to family members.</p> <p>2. Before entering any information on the form, carefully read the detailed instructions provided. Not all questions are applicable for everyone. For those questions that do not apply, enter N/A in the line or check the boxes in Sections III, IV, and V.</p> <p>3. You may be asked to have available any or all of the following documentation:</p> <p>a. For official government personnel and dependents, you should have available as applicable:</p> <p>(1) Official travel orders for Safehaven Status (DD Form 1415).</p> <p>(2) Permanent Change of Station (PCS) Orders.</p> <p>(3) Passport, Visa and International Immigration (I-94) record.</p> <p>(4) Military/Dependent Identification Card.</p> <p>(5) Travel documents (Transportation Request, Transportation Travel Information or tickets, i.e., airline, train, bus, etc.).</p> <p>b. Private American citizens or foreign nationals should have:</p> <p>(1) Passport and Visa (as applicable).</p> <p>(2) Travel documents (travel information, tickets, etc.).</p> <p>4. The Repatriation Processing Packet is provided to evacuees either upon departure from the overseas country evacuated from for completion enroute, or upon arrival in the United States at the repatriation center. Processing officials at the repatriation center will be available to assist you in completing the form.</p> <p>5. The individual completing this form will be the "responsible person" for this particular family group. "Responsible person" may be a Military Member, DOD Civilian, Military or DOD Civilian Dependent, Family Representative, Designated Escort, Private American Citizen or Third Country National. THE "RESPONSIBLE PERSON" IS ONLY REQUIRED TO COMPLETE THE ITEMS IN SECTIONS I AND II, PAGES 5-8.</p> <p>6. ONLY ONE FORM IS TO BE COMPLETED FOR EACH FAMILY GROUPING.</p> <p>7. FOR PROCESSING CENTER USE ONLY: Page 5, Items 1 - 5 and Pages 9 and 10, Items 27 - 48 are completed by a representative of the Repatriation Center Processing Team Staff. Pages 5 through 8 will be completed by the evacuee.</p>			

DD FORM 2585 REPATRIATION PROCESSING CENTER PROCESSING SHEET

Purpose. The DD Form 2585 Repatriation Processing Center Processing Sheet is a single form to capture information that will be used to assist the noncombatant evacuee family in the process of repatriation. This form must be completed before repatriation processing can be completed in the United States. All US citizens and their families who are evacuated to the United States will complete this form. All USFK noncombatant families are provided this form as part of the NEO packet and will complete the Section III Evacuee Identifying Information and maintain one copy of this form per family in their NEO packet. The remainder of the form will be completed enroute to the United States or at the repatriation site. **This form is not used during evacuation processing in the ROK.**





DA FORM 2402 EXCHANGE TAG

COPY 1

1. SUPPORT AGENCY (DDAAG) **DOE, JIM G.** 2. DATE

3. ORGANIZATION (DDAAG) **B Co, 3d ME Bn (AF)** 4. ☐ WARRANT ☐ EXHIBIT ☐ EXCHANGE

5. NSN **111-11-1111** 6. NOUN NOMENCLATURE **U.S. - CITIZEN**

7. PD **15 FEB 90** 8. PD AUTHENTICATION **M-SON**

9. END ITEM NOUN NOMENCLATURE

10. MODEL

11. SERIAL NO.

12. DEFICIENCY OR SYMPTOM

13. DATE ACCEPTED 14. SIGNATURE

15. NMCS

16. JON

17. INITIALS

18. DATE REPAIRED

19. INITIALS

COPY 2

1. SUPPORT AGENCY (DDAAG) **DOE, JANE M.** 2. DATE

3. ORGANIZATION (DDAAG) **B Co, 3d ME Bn (AF)** 4. ☐ WARRANT ☐ EXHIBIT ☐ EXCHANGE

5. NSN **111-11-1111** 6. NOUN NOMENCLATURE **U.S. - CITIZEN**

7. PD **22 MAR 90** 8. PD AUTHENTICATION **F-WIFE**

9. END ITEM NOUN NOMENCLATURE

10. MODEL

11. SERIAL NO.

12. DEFICIENCY OR SYMPTOM

13. DATE ACCEPTED 14. SIGNATURE

15. NMCS

16. JON

17. INITIALS

18. DATE REPAIRED

19. INITIALS

**Back-up for Automated Tracking
XEROX COPY NOT SUFFICIENT.
NOT AVAILABLE ONLINE.
MUST BE ORDERED THROUGH PUBS!**

**1 per NCE
& pet**

1. PURPOSE. DA Form 2402 (Exchange Tag) will be used as the ECC/RC control card for tracking NCEs through the ECC/RC process.

2. INSTRUCTIONS. This form will be completed as follows. This will reduce processing time at the AP/RC.

- ITEM #1 (SUPPORT AGENCY). Indicate NCE's name (Last, first, and middle).
- ITEM #2 (DATE). **LEAVE BLANK THIS IS FOR ECC USE ONLY.** Indicate date-time-group of arrival at ECC (i.e., 290810 Aug 88).
- ITEM #3 (ORGANIZATION). Indicate sponsor's unit.
- ITEM #4. Not used.
- ITEM #5 (NSN). Indicate sponsor's social security number.
- ITEM #6 (NOUN NOMENCLATURE). Indicate citizenship/nationally status (i.e., U.S. citizen, resident alien, etc.).
- ITEM #7 (PD). Indicate birth date (i.e., 14 Mar 52).
- ITEM #8 (PD AUTHENTICATION). Indicate sex and relationship to sponsor (i.e., F - wife).

STOP! The remainder of the form is for ECC use only.

- ITEM #9 (END ITEM NOUN NOMENCLATURE). Not used.
- ITEM #10 (MODEL). Not used.
- ITEM #11 (SERIAL NUMBER). Not used.
- ITEM #12 (DEFICIENCY OR SYMPTOM). Indicate medical evacuation data.
- ITEM #13 (DATE ACCEPTED). Indicate the date-time-group of departure from ECC (i.e., 291015 Aug 88).
- ITEM #14 (SIGNATURE). Not used.
- ITEM #15 (NMCS). Not used.
- ITEM #16 (JON). Indicate the date-time-group of arrival at RC (i.e., 291830 Aug 88).
- ITEM #17 (INITIALS). Not used.
- ITEM #18 (DATE REPAIRED). Indicate the date-time-group of departure from RC (i.e., 300645 Aug 88).

3. DISTRIBUTION. Copies of the DA Form 2402 will be retained as tracking aids at the following locations:

- ECC Reception station.
- RC Reception station.
- POE Reception station.

NOTE: Items 2, 12, 13, 16, and 18 should not be filled out until execution of an ordered evacuation.



DA FORM 3955 CHANGE OF ADDRESS CARD

DOE, JOHN L. GS-05 111-11-1111 PLUNGE DATA

PRINT NAME (Last, First, MI) GRADE SSN BOX NUMBER

NEW ORGANIZATION (Complete Designation) **NEO of Family Members**

DATA REQUIRED BY THE PRIVACY ACT OF 1974. AUTHORITY: Title 38 USC and DOD/DoD Service Agreement, 2. Part 58. PRINCIPAL PURPOSE: To note and forward (Exemptions) must. ROUTINE USES: Used by Army military and civilian personnel in mail functions and address inquiries. Data are requested by commanders, postal officials, and military and civilian inspectors. DISCLOSURE: Voluntary. However, failure to provide the requested information could result in delays in delivery to forward mail.

OLD MAILING ADDRESS (Include BOX No., if any, and ZIP Code) **B Co, 3d ME Bn (AF) PO Box # APO AP 96271**

NEW MAILING ADDRESS (Include ZIP Code) **1507 W. ALEDA DR. DENVER, CO 80202**

DATE DEPARTED OLD ORG. QUARTERS/OFF POST ADDRESS

DATE DUE NEW ORG. REMARKS **WIFE: JANE M. DOE SON: JIM G. DOE**

CONSENT: ☒ I DO ☐ I DO NOT CONSENT TO RELEASE THE ABOVE HOME ADDRESS OR SSN TO THIRD PARTIES. (IF DEPARTING, COMPLETE BELOW ITEMS)

SIGNATURE **John L. Doe** DATE ORDER NUMBER ORDER DATE

DA FORM 3955 EDITION OF 1 AUG 78 MAY BE USED. CHANGE OF ADDRESS AND DIRECTORY CARD

For use of this form, see AR 600-6-2, this proponent agency is DCS/SPR

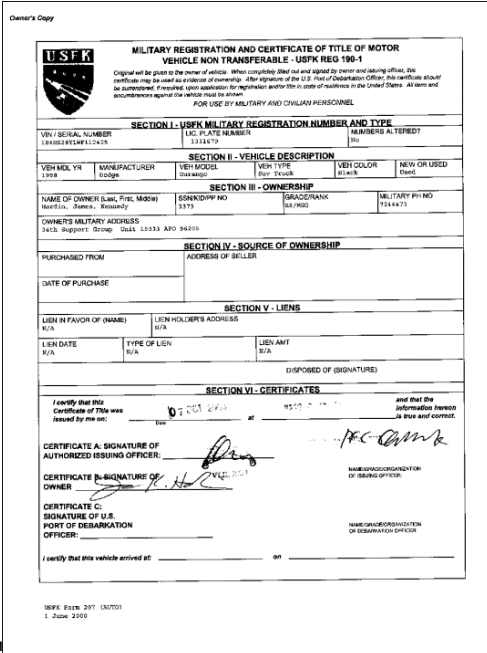
PURPOSE: Used to change mailing address for NCEs. Where all family members used to get mail at the sponsor's unit, now only the sponsor remaining behind will get it.

INSTRUCTIONS:

- Print Sponsor's Last, First, MI, Grade, SSN where indicated
- Note "NEO of Family Members only" (if Mil or EEC) or "NEO of Sponsor & Family" (if non-EEC) in New Organization
- Put current mailing address as Old Address
- Put final destination address as New Address
- List family member names in Remarks
- Initial consent and sign (do not date)

**NOT AVAILABLE ONLINE.
MUST BE ORDERED THROUGH PUBS!**

**2
per family**



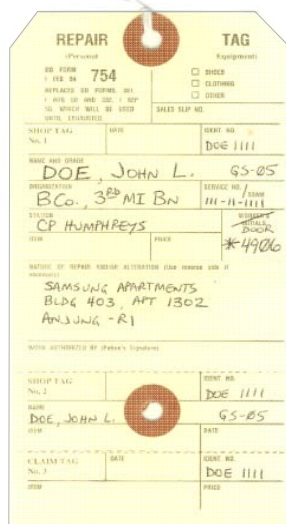
USFK FORM 207
MILITARY REGISTRATION/TITLE

PURPOSE: Used to show ownership of a POV (even a Hooptie) in Korea. Used primarily to file claims for loss against the government upon return to CONUS.

INSTRUCTIONS: NCE keeps one copy to prove ownership. The other copy is turned in with tagged POV key (DD Form 1864).

From MP Station!!

2
per POV



DD FORM 754
REPAIR TAG

PURPOSE: Used to tag keys to an NCE's residence. Tear off stub serves as a receipt of key and household goods. Alternate uses include excess baggage tag or contraband tag.

INSTRUCTIONS:

- List First 3 letters of last name + Last 4 SSN in Ident. No. spaces
- List Sponsor's Last, First, MI and grade where indicated.
- List sponsor's unit of assignment in Organization
- List sponsor's SSN in Service No. / SSAM
- List nearest USFK installation to residence in Station block
- Write any door keycode in Worker's Initials block (if applicable)
- Write detailed street address in Nature of Repair block

XEROX COPY NOT SUFFICIENT.
NOT AVAILABLE ONLINE.
MUST BE ORDERED THROUGH PUBLISHER

1
per family

INTERNATIONAL CERTIFICATE OF VACCINATION
AS APPROVED BY
THE WORLD HEALTH ORGANIZATION
CERTIFICAT INTERNATIONAL DE VACCINATION
L'ORGANISATION MONDIALE DE LA SANTE

TRAVELLER'S NAME: KOPEL VODASER
ADDRESS-ADDRESS: (Number, Name) (Street, Apt)
CITY-STATE: (City) (State)
COUNTRY: (Country)
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
PHS FORM 731 (REV. 1-1-73)

OLD PRINTING TO PLACE WITH PASSPORT

INSTRUCTIONS TO VOLUNTEERS
1. This form is to be completed by the volunteer and submitted to the nearest U.S. Consulate or U.S. Embassy. It is not to be submitted to the U.S. Department of Health and Human Services.
2. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
3. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
4. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
5. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
6. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
7. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
8. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
9. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.
10. The form is to be completed for each adult noncombatant in your family. If there are 2 adult noncombatants in your family, you need only to provide data for 1 noncombatant; if there are 3 adult noncombatants in your family, you need only to provide data for 2 noncombatants. Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.

PHS FORM 731 INT'L CERTIFICATE OF VACCINATIONS (YELLOW SHOT RECORDS)



NONCOMBATANT EVACUATION OPERATIONS VOLUNTEER INFORMATION
USFK FORM 123-R-E (1 MAR 03)

INSTRUCTIONS
Please print information as required. Listed below are selected specialties which are expected to be needed during an emergency. Check the appropriate block(s) if you are qualified in one or more of the specialties. Request that each adult noncombatant in your family provide this information (i.e., if there is 1 adult noncombatant in your family, you need only to provide data for 1 noncombatant; if there are 2 adult noncombatants in your family, provide data for both noncombatants). Request this form be filled out and returned regardless of whether or not you intend to volunteer at this time. Thank you.

ADULT NONCOMBATANT #1
NONCOMBATANT'S NAME (Last, First, MI)
MEDICAL SKILLS
BILINGUAL SKILLS
ADMINISTRATIVE SKILLS
OTHER SKILLS
NONCOMBATANT'S SIGNATURE
DATE (DD Month YY)

ADULT NONCOMBATANT #2
NONCOMBATANT'S NAME (Last, First, MI)
MEDICAL SKILLS
BILINGUAL SKILLS
ADMINISTRATIVE SKILLS
OTHER SKILLS
NONCOMBATANT'S SIGNATURE
DATE (DD Month YY)

PRIVACY ACT STATEMENT
1. AUTHORITY: Title 5, United States Code, Section 301; Title 10, United States Code, Section 3012; and Executive Order 9397.
2. PRINCIPAL PURPOSE: To assist the command in noncombatant evacuation operations by establishing a database of potential noncombatants during a contingency.
3. ROUTINE USES: Information recorded will provide commanders with information to assist in their contingency planning and operations by identifying noncombatants.
4. MANDATORY AND VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Disclosure of information is voluntary. There will be no adverse effect for not providing the information other than certain information that will not be available to commanders for contingency planning and operations.

USFK FORM 123-R-E, 1 MAR 03
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PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

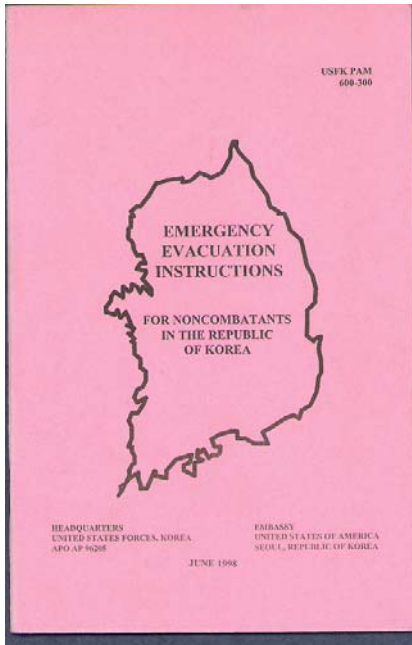
USFK FORM 123-R-E NEO VOLUNTEER INFORMATION

- PURPOSE.** USFK Form 123-R-E will be completed by those NCEs that possess certain skills that will be needed during an emergency evacuation. The form should be completed even though the NCE does not desire to volunteer his/her services during such an emergency. NCEs possessing such skills will not be delayed in their evacuation processing because they have volunteered their services to be used in the evacuation process. The completed form should be maintained in the NEO packet.
- INSTRUCTIONS.**
Self-explanatory. Fill out one section per each adult NCE in family.

Filling it out does **NOT**
obligate NCE!

Volunteering will **NOT**
delay evacuation!



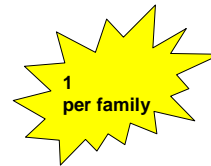


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USFK PAM 600-300 EMERGENCY EVAC PROCEDURES

PURPOSE: Used to inform NCs about the NEO system. Printed in English and Hangul. Other languages are being developed.

First source of information on what to do, what to pack, and where to go in the event of a NEO.



The following forms are for Military Spouses or Command Sponsored Noncombatants



DA FORM 4986 (or EA Form 741-E) PERSONAL (HI-DOLLAR) PROPERTY RECORD

2 per
CS family

1. PURPOSE. This form is used to record high dollar value items of NCE's personal property maintained in the ROK. This form may be used to help the NCE prepare claims against the U.S. government for reimbursement for loss or damage to their personal property due to an emergency evacuation from the ROK. Items that should be listed on this form include, but are not restricted to:

- Televisions
- Stereos
- Video Cassette Recorders
- Microwaves
- Cameras (over \$200)
- Items valued over \$200 (i.e., appliances, jewelry, etc.)

2. INSTRUCTIONS. Complete DA Form 4986 as follows:

- PAGE NUMBER, NUMBER OF PAGES, DATE OF PREPARATION blocks. Self-explanatory.
- PRINTED NAME, SOCIAL SECURITY NUMBER, SIGNATURE blocks. Self-explanatory.
- NAME OF ITEM block. Indicate generic name of item (i.e., Television, Microwave, etc.)
- QUANTITY block. Indicate the quantity of the item described.
- BRAND NAME, MODEL OR STYLE, OTHER DESCRIPTION block. Indicate the description of the item to include brand name, model number, etc.
- SERIAL NUMBER block. Indicate the serial number of the item, if applicable.
- DATE ACQUIRED block. Self-explanatory.
- VALUE block. Indicate the purchase cost of the item.
- INITIALS/SIGNATURE OF INDIVIDUAL VERIFYING block. This block will be verified by a member in the grade of E-6 and above within the sponsor's chain of command.

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DD FORM 2461 AUTHORIZATION FOR EMERGENCY PAY (CIVILIAN)

3 per DoD
civ family

1. PURPOSE. Used by non-command sponsored DOD civilians to authorize payment of emergency funds to their family members in case of evacuation from the ROK. See USFK Reg 37-6 for additional information.

2. INSTRUCTIONS: See example to complete form.

3. PROCESSING PROCEDURES.

- The employee will complete 3 copies of DD Form 2461 and obtain the signature of the primary dependent.
- The CPO ensures advance authorized is IAW appropriate regulations, signs as authenticating official, and makes the following distribution: One copy is forwarded to the servicing finance office, one copy is placed in the employees official folder, and the original is returned to the employee along with a copy of USFK Pam 37-2.

DO NOT DATE

4. ENTITLEMENTS. Entitlements for U.S. government employees and their family members during an evacuation are contained in the DOS Standardized Regulations, chapter 600, and endorsed for DOD civilians under DOD 1400.11-I and JFTR, Volume 2, chapter 12.

5. DISPOSITION OF DD FORM 2461. The primary family member should place the DD Form 2461 in the NEO packet.

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DD FORM 1337 AUTHORIZATION FOR EMERGENCY PAY (MILITARY)

AUTHORIZATION/DESIGNATION FOR EMERGENCY PAY AND ALLOWANCES

MEMBER (Last Name, First Name, Middle Initial)
DOE, JOHN L.

GRADE, RATE, OR RANK
E-4

FILE OR SERVICE NUMBER
111-11-1111

MEMBER'S STATION OR ORGANIZATION
B Co, 3d MI Bn (AE), APC AB 96271

PRIMARY DEPENDENT'S NAME (or designated representative for minor dependents) (First Name, Middle Initial, Last Name)
JANE M. DOE

RELATIONSHIP
WIFE

DEPENDENTS OTHER THAN PRIMARY

NAME (First Name, Middle Initial, Last Name)	DATE OF BIRTH	NAME (First Name, Middle Initial, Last Name)	DATE OF BIRTH
JIM G. DOE	900215		

☒ ADVANCE OF PAY - MAXIMUM AMOUNT \$1500 (NOT TO EXCEED 2 MONTHS BASIC PAY)
I HEREBY AUTHORIZE AN ADVANCE OF BASIC PAY, AS INDICATED ABOVE, TO BE PAID TO MY ABOVE NAMED DEPENDENT OR REPRESENTATIVE, IN THE EVENT OF AN EMERGENCY DECLARED BY PROPER AUTHORITY. I UNDERSTAND THAT ANY AMOUNT OF MY BASIC PAY PAID TO MY REPRESENTATIVE WILL BE DEDUCTED FROM PAY AND ALLOWANCES DUE ME.

☒ EVACUATION ALLOWANCE (DESIGNATED DEPENDENT OR REPRESENTATIVE)
I HEREBY REQUEST THE ABOVE NAMED INDIVIDUAL, TO RECEIVE THE PAYMENTS CHECKED IN THE EVENT OF AN EVACUATION ORDERED OR APPROVED BY COMPETENT AUTHORITY.

DATE: 10/11/06
SIGNATURE OF MEMBER: [Signature]

NAME, SIGNATURE, AND TITLE OF AUTHENTICATING OFFICIAL
J. M. ASST. DIR. 10/11/06

RECORD OF PAYMENTS

DATE	DISBURSING OFFICE	TIMELINE SUBJECT	TYPE OF PAYMENT (Advance of Pay, Dislocation Allowance, or Evacuation Allowance)	AMOUNT PAID

1. **PURPOSE.** Used by military personnel (Army, Air Force, Navy, and Marines) to authorize payment of emergency funds to their family members in the event of evacuation from the ROK. See USFK Reg 37-6 for additional information.

2. **INSTRUCTIONS.** Prepare DD Form 1337 in two copies as follows:

- MEMBER block. Self-explanatory.
- GRADE, RATE, OR RANK block. Self-explanatory.
- FILE OR SERVICE NUMBER block. Leave blank.
- SOCIAL SECURITY ACCOUNT NUMBER block. Self-explanatory.
- MEMBER'S STATION OR ORGANIZATION block. Indicate the unit where the member (sponsor) is assigned.
- PRIMARY DEPENDENT'S NAME block. Self-explanatory. (This is the individual who will receive the payments).
- RELATIONSHIP block. Self-explanatory.
- ADVANCE OF PAY block. Indicate the amount of advance pay authorized by the sponsor to be paid back to the primary family member. The amount may not exceed 2 months of basic pay. **NOTE:** Individuals with affidavits will receive only 1 month's basic pay. Repayment procedures may vary according to service branch.
- EVACUATION ALLOWANCE block. Authorizes COMMAND SPONSORED family members to be paid an evacuation (per diem) allowance after departure from the ROK in accordance with the Joint Federal Travel Regulation.
- EMERGENCY DISLOCATION ALLOWANCE block. Authorizes COMMAND SPONSORED family members to be paid an emergency dislocation allowance upon arrival at the designated location in accordance with the Joint Federal Travel Regulation.

DO NOT DATE

- K. SIGNATURE blocks. The DD 1337 is signed by the sponsor and the primary family member. The unit commander will verify the ADVANCE OF PAY block amount and sign the DD Form 1337. The original will be returned to the service member and one copy retained for unit files.
- L. This form must be signed by both the sponsor and primary family member or designated representative.

2 per military family

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PRIVATE VEHICLE SHIPPING DOCUMENT FOR AUTOMOBILE

DATE OF BIRTH: 10/11/06
NAME: DOE, JOHN L.
GRADE: E-4
FILE OR SERVICE NUMBER: 111-11-1111

NAME OF VEHICLE: 91 FORD
COLOR: BLACK
VIN: 1FMC907D78235M98

MAKE: SOFA
YEAR: 91
COLOR: BLACK
VIN: 1FMC907D78235M98

VEHICLE IDENTIFICATION

YEAR: 91
MAKE: FORD
MODEL: FORD
COLOR: BLACK
VIN: 1FMC907D78235M98

VEHICLE CONDITION

YEAR: 91
MAKE: FORD
MODEL: FORD
COLOR: BLACK
VIN: 1FMC907D78235M98

VEHICLE IDENTIFICATION

YEAR: 91
MAKE: FORD
MODEL: FORD
COLOR: BLACK
VIN: 1FMC907D78235M98

VEHICLE IDENTIFICATION

YEAR: 91
MAKE: FORD
MODEL: FORD
COLOR: BLACK
VIN: 1FMC907D78235M98

DD FORM 788-series POV SHIPPING DOCUMENT (FOR ELIGIBLE VEHICLES ONLY)

1. **PURPOSE.** This form will be used as an inspection of your Privately Owned Vehicle. This form may be used later upon return to the U.S. in the event that it becomes necessary to file a claim against the U.S. government for personal property lost and/or destroyed as a result of the evacuation of the NCE from the ROK. See chapter 8, subparagraph 8-5c for detailed information.

2. **INSTRUCTIONS.** Complete one copy of the form as follows:
- POV MAKE YR. MAKE: Enter the Year and Make of the POV (ie '91Ford)
 - OWNER'S LAST NAME: Enter the Last name of the owner.
 - F & MI: Enter the First and Middle Initial of the owner.
 - GRADE: Enter the pay grade for the owner.
 - STATE: Enter SOFA.
 - LICENSE NUMBER: Enter the license number of the vehicle (ie 6-0000)
 - COLOR: Enter the color of the vehicle.
 - BODY TYPE: Enter 2DR or 4DR
 - VEHICLE IDENTIFICATION NUMBER: Enter the Vehicle Identification Number (VIN)

3. **DISTRIBUTION.** 5 Copies
- NCEs should keep one copy of this form in their NEO packet.
 - Turn-in 4 copies with keys to Vehicle & USFK registration

5 copies per CS POV

ALSO INCLUDE POV SHIPPING AND IMPORT DOCUMENTS BRINGING POV TO KOREA!

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DD FORM 1864 VEHICLE KEY TAG

DD FORM 1864
VEHICLE KEY TAG

NAME (Print all information in block letters)
DOE, JOHN L.

RANK AND PAY GRADE
SPC/E-4

BIN
111-11-1111

ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY ASSIGNMENT
1507 W. ALEDA DR., DENVER, CO, 80000

MAKE OF VEHICLE
DAEWOO

YEAR
91

MODEL
PRINCE

COLOR
BLACK

LICENSE NUMBER AND STATE
SOFA 6-0000

DIMENSIONS IN INCHES OUTSIDE VEHICLES
LENGTH WIDTH HEIGHT

LOADING TERMINAL STORAGE LOCATION

XEROX COPY NOT SUFFICIENT.
NOT AVAILABLE ONLINE.
MUST BE ORDERED THROUGH PUBS!

1
per vehicle

1. PURPOSE. This form is used to separate keys to vehicles that will be used for moving for military members, dependents and DOD Civilians. Sponsor's personal information on the form ensures that the vehicle keys are given to the proper owner. "Hooptie" vehicles may be used as an alternate means of moving NCEs, so all POV keys must be turned in at the ECC (not just those vehicles eligible for shipment back to CONUS).

2. INSTRUCTIONS. This form will be completed as follows:

- SPONSOR'S NAME block. Enter sponsor's name (Last, first and middle initial).
- RANK AND PAY GRADE block. Enter sponsor's rank and pay grade (i.e., SGT/E-5).
- SSN block. Enter sponsor's Social Security Number.
- ADDRESS FOR NOTIFICATION PURPOSES, OR NEW DUTY STATION block. Enter the address and phone number of the location that the sponsor's dependents will be relocated to.
- MAKE OF VEHICLE block. Enter the make (i.e., FORD).
- YEAR block. Enter the year of the automobile.
- MODEL block. Enter the model (i.e., Taurus SHO).
- COLOR block. Enter the color of the automobile.
- LICENSE NUMBER and STATE block. Enter SOFA 6-0000

3. This tag is used in conjunction with DD Form 788 (POV Inspection Form)

This concludes the forms that you would be required to complete or list in your NEO Packet.